



DEPARTMENT OF THE NAVY

BUREAU OF MEDICINE AND SURGERY

2300 E STREET NW

WASHINGTON DC 20372-5300

IN REPLY REFER TO

BUMEDINST 6222.10B

BUMED-M3F4

6 Aug 2004

BUMED INSTRUCTION 6222.10B

From: Chief, Bureau of Medicine and Surgery

To: Ships and Stations Having Medical Department Personnel

Subj: PREVENTION AND MANAGEMENT OF SEXUALLY TRANSMITTED DISEASES (STD)

- Ref:
- (a) Sexually Transmitted Diseases Treatment Guidelines 2002, Centers for Disease Control and Prevention, MMWR, Vol. 51, No. RR-6 of 10 May 2002, (<http://www.cdc.gov/std/treatment/default.htm>)
 - (b) Revised Guidelines for HIV Counseling, Testing, and Referral and Revised Recommendations for HIV Screening of Pregnant Women, Centers for Disease Control and Prevention, MMWR, Vol. 50, No. RR-19 of 9 November 2001, (<http://www.cdc.gov/nchstp/od/draft.htm>)
 - (c) OPNAVINST 6120.3
 - (d) SECNAVINST 5300.30C
 - (e) NEHC Technical Manual (NEHC-TM-HP-6100.02) "Sexual Partner Counseling and Referral Services" (PCRS) (<http://www-nehc.med.navy.mil/downloads/hp/pcrs.pdf>)
 - (f) BUMEDNOTE 6230 of 20 Apr 98
 - (g) BUMEDINST 6220.12A
 - (h) Manual of the Medical Department (MANMED) Chapter 16, Articles 16-35 through 16-41, (<http://www.vnh.org/Admin/MMD/001Contents.html>)

Encl: (1) Preventive Medicine Points of Contact

1. Purpose. To provide current guidelines for treatment and prevention of STDs.

2. Cancellation. BUMEDINST 6222.10A.

3. Background

a. STDs, including the human immunodeficiency virus (HIV), are important and preventable causes of morbidity, mortality, and associated lost-productivity and increased health care costs. STDs promote HIV transmission by augmenting susceptibility and HIV infectiousness.

b. The prevention and control of STDs is based on five major concepts:

(1) Education and prevention counseling of those at risk on ways to reduce risk.

(2) Detection of asymptotically infected individuals.

(3) Effective diagnosis and treatment of infected individuals.

(4) Partner notification.

(5) Immunization of persons at risk for vaccine-preventable STDs.

c. Naval Medicine endorses Centers for Disease Control (CDC) and Prevention STD treatment and prevention guidelines contained in references (a) and (b), developed using an evidence-based approach advocated by the U.S. Preventive Services Task Force. Up-to-date information including STD laboratory and treatment guidelines are available from the CDC at the STD Web site: <http://www.CDC.gov/STD//>.

d. The effective prevention and treatment of STDs in our military population requires partnership with local public health departments. This cooperation allows appropriate referral and follow-up of contacts, thus minimizing the negative impact of STDs in both military and civilian communities. Sustaining these relationships is an important local preventive medicine department function, and may include sharing educational opportunities, information on local microbial resistance patterns, referral and follow-up practices, and other supportive and cooperative actions.

4. Education and Prevention Counseling

a. STD prevention counseling shall be provided for all patients evaluated, treated, or at high risk for an STD following references (b), (c), and (d). The prevention-counseling model recommended in references (a) and (b) has demonstrated efficacy to reduce STD incidence. Prevention counseling should be patient centered, (tailored to the behaviors, circumstances, and special needs of the person being served), include a personalized patient risk assessment, and result in a personalized plan for the patient to reduce their risk of acquiring or transmitting HIV and other STDs. Follow-up prevention counseling should be scheduled to reinforce the initial counseling session. Additional guidance is provided in reference (e).

b. The prevention of STDs begins with changing the sexual behaviors that place the person at risk for infection. Clinicians have a unique opportunity to assess risk and provide education to their patients. For high-risk patients, clinicians with time constraints should consider referral to health promotion or preventive medicine counselors.

c. Health promotion and preventive medicine personnel will provide information, education, and behavior change programs to all naval personnel, with emphasis on infected personnel and those whose behavior puts them and others at high risk of infection. Educational promotions using local media, health fairs, and other appropriate information vehicles are encouraged in addition to individual prevention counseling. Educational programs and materials; e.g., condoms and pamphlets, should also be made appropriately available in community sites such as barracks, clubs, individual commands, medical facilities, and health and wellness centers. Where possible, STD education/prevention efforts shall be integrated with other health promotion activities.

5. Detection of Asymptomatically Infected Individuals

a. All patients presenting for evaluation of a possible STD will be tested for serological evidence of syphilis infection following reference (a).

b. All active duty patients presenting for evaluation of a possible STD shall be tested for serological evidence of HIV infection per reference (d). Additional HIV testing may be indicated after 3 and 6 months based on a diagnosis of a genital ulcer disease, the prevalence of HIV in the area, the number of episodes of STDs, and the nature and duration of sexual risk-taking behavior. The same regimen of testing is recommended for family members and other civilians, but is voluntary. If the family member or other civilian agrees to be tested for HIV infection, this must be documented with a signed and witnessed informed consent. Prevention counseling should be provided to all patients following reference (b). All applicable State and local laws pertaining to HIV testing of civilians shall be followed.

c. Per reference (c), all sexually active women age 25 and younger, as well as older women at risk for chlamydia, will be screened for chlamydia as part of their regular health care visits.

6. Effective Diagnosis and Treatment of Infected Individuals. Reference (a) should be followed for STD diagnosis, treatment, and follow-up along with other guidance provided in this instruction. Single dose treatment regimens that ensure compliance, provide a prompt cure, and are cost-effective are generally preferred over other regimens. HIV evaluation and treatment guidelines are provided in reference (d).

7. Partner Notification. Sexual partners of patients infected with an STD may benefit from testing, treatment, and prevention counseling; detailed guidance on partner notification and referral is provided in reference (e). Patients infected with an STD shall be informed of the importance of notifying their sexual partner(s) and encouraging them to promptly seek medical evaluation. The attending health care provider or supporting preventive medicine department shall offer partner notification services. If the patient elects to inform their partner(s), the provider will offer advice and assistance to prepare the patient to complete the notification. When provider notification is elected by the patient, a good faith effort shall be made by the provider or supporting preventive medicine department to notify all named partners for which notification is warranted. Deciding which STDs warrant partner notification will depend on the STD and the client's sexual history, as described in reference (a). Information about named partners who are non-Department of Defense health care beneficiaries shall be passed to the cognizant local or State civil public health function for notification. Spouses of HIV-positive reservists will be notified following reference (d).

8. Immunization of Persons at Risk for Vaccine-Preventable STDs. Immunization status must be reviewed to ensure all required immunizations have been administered and are current. For all active duty personnel Hepatitis A and Hepatitis B vaccines are required when presenting for evaluation of a possible STD per references (c) and (f). Unless previously administered, begin and ensure the vaccine series are completed. Other beneficiaries who seek evaluation for a possible STD should receive Hepatitis B and Hepatitis A vaccines if indicated per reference (a).

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9. Reporting. The accurate identification and timely reporting of STDs are integral components of successful disease control efforts. Timely reporting is important for assessing morbidity partners who may be infected. STD cases shall be reported to Naval authorities following reference (g) and following local statutory requirements. Syphilis, gonorrhea, chlamydia and acute cases of hepatitis are reportable medical events in the Department of Navy. Syphilis, gonorrhea, and chlamydia are reportable diseases in every State. The requirements for reporting other STDs differ by State and clinicians should familiarize themselves with local reporting requirements.

10. Special Issues. Allegations and suspicions regarding STD transmission and sexual behavior can be disruptive to unit morale and harm professional standing and acceptance in military units. Concerns among health care beneficiaries regarding the handling of sensitive medical information, and the perceived threat of discipline for contracting an STD, may create barriers to health care seeking behavior, resulting in avoiding or delaying treatment and leading to asymptomatic carrier states and serious disease sequelae.

a. Confidentiality. Health care personnel shall endeavor to protect the patient's privacy. Information obtained from a service member during or as a result of the HIV/STD treatment, prevention counseling session, or the epidemiologic interview is confidential per references (d) and (h).

b. Discipline and Medical Quarantine. Policies of discipline, quarantine, or restriction of liberty for individuals diagnosed with an STD are strongly discouraged. Prevention counseling is an effective strategy to reduce risk-taking behaviors and re-infection.

11. Resources

a. Points of Contact. Guidance regarding new STD treatment guidelines or local variations may be obtained from local preventive medicine departments or the points of contact found in enclosure (1).

b. Valuable STD resources are available on the internet from the Navy Environmental Health Center's Sexual Health and Responsibility Program (SHARP) at http://www-nehc.med.navy.mil/hp/sharp/std_pictures.htm. SHARP provides a Technical Manual (NEHC-TM-HP-6100.02) "Sexual Partner Counseling and Referral Services" (PCRS) available at <http://www-nehc.med.navy.mil/downloads/hp/pcrs.pdf> and a 2-day course, "Fundamentals of HIV/STD Prevention Counseling" that teach Department of Navy personnel how to conduct partner notification and referral and client-centered prevention counseling following this instruction.



K. L. MARTIN
Vice Chief

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PREVENTIVE MEDICINE POINTS OF CONTACT

Navy Environmental and Preventive Medicine Units

Navy Environmental and Preventive Medicine Unit No. 2

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Telephone: (757) 444-7671 DSN 564-7671 Fax: (757) 444-1191 DSN 564 1191
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Home Page: http://www-nehc.med.navy.mil/nepmu2/nepmu2_index.htm

Navy Environmental and Preventive Medicine Unit No. 5

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Navy Environmental and Preventive Medicine Unit No. 6

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Navy Environmental Health Center

Navy Environmental Health Center

620 John Paul Jones Circle, Suite 1100, Portsmouth, VA 23708-2103
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Enclosure (1)